

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Corpuz, Olivia (ARCH)	CHAPTER 100.1
Address: 664-D Wainaku Avenue, Hilo, Hawaii	Inspection Date: December 8, 2020 and December 28, 2020 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 Licensing. (a)(6) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. Each ARCH or expanded ARCH must have a primary care giver who is present at the ARCH at all times, unless the primary care giver has secured a substitute care giver to temporarily provide care to the ARCH or expanded ARCH residents; <u>FINDINGS</u> At 0820, the OHCA nurse consultant arrived at the ARCH. OHCA called residence at 0828 and 0829 and left a voice mail on the answering machine. At 0830, one (1) resident came to the door and informed the nurse consultant that he was home alone. He indicated that the primary care giver (PCG) had left about five (5) to ten (10) minutes ago to take her husband to the hospital for a non-emergency visit. He confirmed that he was home alone and that there were no other care givers or adults in the home. PCG arrived at the ARCH at 1002 with one (1) resident. PCG indicated that she took her husband to the hospital and that the other resident refused to go with them, so she left him home alone. She indicated that she has an additional substitute care giver (SCG); however, did not respond when asked why she did not call the SCG to assist her.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Call substitute to assist them on my absence & never leave them without responsible adult.</i></p>	<p style="text-align: center;"><i>6-10-21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 Licensing. (a)(6) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. Each ARCH or expanded ARCH must have a primary care giver who is present at the ARCH at all times, unless the primary care giver has secured a substitute care giver to temporarily provide care to the ARCH or expanded ARCH residents; <u>FINDINGS</u> At 0820, the OHCA nurse consultant arrived at the ARCH. OHCA called residence at 0828 and 0829 and left a voice mail on the answering machine. At 0830, one (1) resident came to the door and informed the nurse consultant that he was home alone. He indicated that the primary care giver (PCG) had left about five (5) to ten (10) minutes ago to take her husband to the hospital for a non-emergency visit. He confirmed that he was home alone and that there were no other care givers or adults in the home. PCG arrived at the ARCH at 1002 with one (1) resident. PCG indicated that she took her husband to the hospital and that the other resident refused to go with them, so she left him home alone. She indicated that she has an additional substitute care giver (SCG); however, did not respond when asked why she did not call the SCG to assist her.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">In the future I will acquire 3 substitute caregivers. In case of an emergency I'll have enough reitivers to call to watch my residents.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH; <u>FINDINGS</u> Primary care giver (PCG) – cardiopulmonary resuscitation (CPR) and first aid certification expired 10/10/20. <u>Please submit a copy of a current certification with your plan of correction.</u>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>C.P.R. First aid & P.C.G. has been renewed on 10-5-20-20 card is attached.</i></p>	<p style="text-align: center;"><i>6-10-21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH; <u>FINDINGS</u> Primary care giver (PCG) – cardiopulmonary resuscitation (CPR) and first aid certification expired 10/10/20. <u>Please submit a copy of a current certification with your plan of correction.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I put on my check list the expiration date of C.P.R. first aid. put in my refrigerator and to remind me so that I will call for an appointment to renew before expiration date 6-10-21</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 <u>Primary care giver qualifications. (a)(10)</u> The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; FINDINGS Primary care giver (PCG), completed 5.5 hours of continuing education hours. Please complete .5 hour(s) of continuing education training to be credited towards your 2020 annual inspection year and submit a copy with your plan of correction. <u>This is a repeat deficiency from your 2019 annual inspection.</u>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Completed 1 hour of training on Infection Control topic. Filed certificate in care home folder. Will include this requirement and ^{along} with annual/monthly requirement checklist items. Schedule time to attend/view online courses to complete required 6 hours</p>	<p style="text-align: right;">9/29/21</p>

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<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; FINDINGS Primary care giver (PCG), completed 5.5 hours of continuing education hours. Please complete .5 hour(s) of continuing education training to be credited towards your 2020 annual inspection year and submit a copy with your plan of correction. <u>This is a repeat deficiency from your 2019 annual inspection.</u>	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Ask my daughter to assist me in getting the proper courses to online to complete 6 hrs. of continuing education.</p> <p>Then print out the completion certificate & put it the Care Home Binder.</p> <p>Make a checklist of all requirements (monthly/annual).</p> <p>I will Post on calendar refrigerator & review it daily/monthly.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS PCG, no current annual physical examination (PE). (last PE 12-09-19). <u>Please submit a copy of a current PE with your plan of correction.</u>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Physical was completed</i> 1/11/21</p>	1/11/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS PCG, no current annual physical examination (PE). (last PE 12-09-19). <u>Please submit a copy of a current PE with your plan of correction.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Create a checklist of all requirements (monthly/annual) & post in my refrigerator & review it at the beginning of every month. And I will call 3 months before expiration to schedule an appointment.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> <ul style="list-style-type: none"> • PCG – no current tuberculosis (TB) clearance. • SCG #1, no current tuberculosis (TB) clearance. Please submit a copy of current TB clearances with your <u>plan of correction.</u> This is a <u>repeat deficiency from your 2019 annual inspection.</u>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Exceeded standards (SCG #1) error completed chest xray 12/16/20 PCG Completed chest xray 9/29/21</p>	<p style="text-align: center;">12/16/20 9/29/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> SCG # 1 – first aid certification expired 10/10/20. SCG #2 – first aid certification expired 10/10/20. <u>Please submit current certification with your plan of correction.</u>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">SCG #1 & #2 completed FA certification & copy placed in Care Home folder</p>	<p style="text-align: center;">10/2020 10/5/2020</p>

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> SCG # 1 – first aid certification expired 10/10/20. SCG #2 – first aid certification expired 10/10/20. <u>Please submit current certification with your plan of correction.</u>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Make a checklist of requirements & post it in refrigerator to review monthly @ the beginning of the month.</p> <p>Schedule renewals appt- 3 mos in advance.</p> <p>When completed put a copy of certificates in Care Home Binder. I will use the checklist to make sure everything is filed</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 and SCG #2 – no current cardiopulmonary resuscitation (CPR) training. (exp. 10/10/20)</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG & SCG were renewed on 10-5-2022 ANNA – was renewed on 4-1-2022 Expires 4-1-2022</p>	<p>6-10-21</p>

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; FINDINGS SCG #1 and SCG #2 – no current cardiopulmonary resuscitation (CPR) training. (exp. 10/10/20)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Make a checklist of requirements & post it on refrigerator to review every month.</p> <p>Schedule renewals appt. 3 mos. in advance when completed put a copy of certificates in caretime Binder. I will use the checklist to make everything is filed.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> "Clorox" spray unsecured on bathroom floor.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I put the clorox spray in a secured lock cabinet,</i></p>	<p style="text-align: center;"><i>6-10-21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> "Clorox" spray unsecured on bathroom floor.	<p style="text-align: center;"><u>PART 2</u></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Immediate after using chemicals to store it back in locked cabinet. I will make sure to remind SCG to do the same.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – no medication re-evaluation between 10-11-19 – 11-09-20.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I let the doctor signed the medication orders for the past month</i></p>	<p style="text-align: center;"><i>6-10-21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. <u>FINDINGS</u> Resident #1 – no medication re-evaluation between 10-11-19 – 11-09-20.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will set a reminder every four months & do a telephone order w/ MD office. I will have T.O. filed in Resident folder & sign by MD @ the next visit.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #1 – no current TB skin test. (Last TB skin test completed 09-25-19) <u>Please submit a current copy with your plan of correction.</u>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Resident completed TB skin test Copy is filed in resident's binder</p>	

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<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #1 – no current TB skin test. (Last TB skin test completed 09-25-19) <u>Please submit a current copy with your plan of correction.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Make a checklist of all requirements & post it on their refrigerator to renew every month. Schedule renewals appt. 3 mos. in advance</p> <p>When completed put a copy of the document in the Resident's Binder.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 – no financial statement.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection.</u></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Financial statement was done + 9 of the residents signed also.</i></p>	<p style="text-align: center;"><i>6-10-21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. <u>FINDINGS</u> Resident #1 – no financial statement. <u>This is a repeat deficiency from your 2019 annual inspection.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>I check in admission check list that when I admit a resident I do financial state ment right away & let the resident sign.</i> </p>	<p style="text-align: center;">6-10-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A)</p> <p>Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS</p> <p>Resident #1 – signed general operational policies referenced HAR Chapter 100.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>General operational policy was done & signed by operator & resident right after our admission</i></p>	<p><i>6-10-21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; <u>FINDINGS</u> Resident #1 – signed general operational policies referenced HAR Chapter 100.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Received new Care Home Policy chapter 100.1 and will make copies & store in Care Home Binder.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection. All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws; <u>FINDINGS</u> PCG refused to allow nurse consultant to inspect two (2) of four (4) rooms on main floor of the care home indicating it was "personal space."	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>At the next inspection the nurse consultant can inspect other two rooms.</i></p>	<p style="text-align: center;"><i>9/29/21</i></p>

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<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection. All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws; FINDINGS PCG refused to allow nurse consultant to inspect two (2) of four (4) rooms on main floor of the care home indicating it was "personal space."	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Next visit inspectors will be allowed to inspect the 2 rooms.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; <u>FINDINGS</u> Fire drills conducted on 09-25-19, 02-25-20, 06-26-20 and 11-10-20. No <u>quarterly</u> fire drill schedule.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I conduct fire drills every three months. I post it on care home wall.</p>	<p style="text-align: center;">3/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (E)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS Fire drills conducted on 09-25-19, 02-25-20, 06-26-20 and 11-10-20. No <u>quarterly</u> fire drill schedule.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I put date of each month on calendar when fire drill supposed to be done 6-10-21 I check calendar every month so that will not miss.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; <u>FINDINGS</u> No monthly smoke detector check done in January 2020.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>Smoke detector check was done after inspection & its going to be done monthly etc in my check list.</i></p>	<p align="center"><i>6-10-21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; <u>FINDINGS</u> No monthly smoke detector check done in January 2020.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I put on my calendar the date when to check smoke detector every month & is posted near the refrigerator & -10-21 so that its visible</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Numerous jugs and barrels collecting water in the surrounding exterior of the care home.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Jugs & barrels were removed & were placed in the back outside door so that it will not collect water 6-10-24</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (b)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; FINDINGS Numerous jugs and barrels collecting water in the surrounding exterior of the care home.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I shall maintain the facility for good sanitation & not to put jugs & barrels surrounding the house. 6-10-24</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Bathroom and kitchen sink – no single use hand towels.	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bathroom hand towels are stored on shelf near bathroom (do not leave & resident are aware where they are (due to one resident flushing it down toilet)</p> <p>Kitchen hand towels are stored on counter</p>	<p>9/29/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Bathroom and kitchen sink -- no single use hand towels.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Make sure all caregivers & household members, residents know where it is. Make sure that there are hand towels available I will check daily & replace when needed.</p>	

Licensee's/Administrator's Signature:

Olivia C. Santos

Print Name:

Olivia C. Santos

Date:

6-10-21

Licensee's/Administrator's Signature:

Olivia C. Santos

Print Name:

OLIVIA C. SANTOS

Date:

9-29-21